

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 Carlen Drive; Cookeville, TN 38501
Phone: 931-528-1555 Fax: 931-520-8404
tcopeland@putnamco.org

DURABLE AUTHORIZATION TO FILE INSURANCE

Patient Name: _____

Medicare Number: _____

Date of Authorization: _____

I authorize Putnam County Emergency Medical Services (PCEMS) to file Medicare or other insurance for services rendered. PCEMS may release necessary medical information and receive payment from the patient's insurance provider. This authorization remains in effect until revoked by written correspondence.

Signature: _____

Relationship: _____

ACCEPTANCE OF RESPONSIBILITY FOR PAYMENT

I hereby agree to pay collection expenses of 40% of the unpaid balance of my account in the event of my default or failure to pay. My account shall be considered in default if not paid in full within 90 days from the date services are rendered. The collection expenses shall include either or both collection agency fees and /or attorney's fees. I further state that I have read and understand the above statements.

Signature: _____

Relationship: _____